

**Enduring Power of Attorney – for Tasmania and the Northern Territory**

**WHEN TO USE THIS FORM**

- Complete this Instruction Sheet ONLY if the assets of the fund and the Member are in Tasmania and the Northern Territory.
- Please use BLOCK LETTERS.

Name of Fund

ABN of Fund

**Order Placed By:** \_\_\_\_\_

(Please note documents and invoice will be directed to this person, unless otherwise stated)

Company Name

Address

Email

Phone  Fax

**Applicable Charges**

<b>Fund Type</b>	<b>Our Fees</b> (including GST but excluding delivery charges if any**)
SUPERCentral Fund	\$550.00
Non-SUPERCentral Fund	\$750.00

\*\*Delivery charges include express post or courier charges. Please Note: no charges will apply for normal post or emails.

**Important**

Please select yes or no as appropriate and provide as requested:

- Yes – the fund is a SUPERCentral fund
  - a. Date of signing SUPERCentral deed     \_\_\_/\_\_\_/\_\_\_
  - b. Date of establishment of fund         \_\_\_/\_\_\_/\_\_\_
- No – the fund is not a SUPERCentral fund
  - a. The date fund was established         \_\_\_/\_\_\_/\_\_\_

Please send to us a copy of the trust deed.

**Details for Appointment of Enduring Power of Attorney**

• If the Member has not already appointed an Enduring Attorney complete the details below.

[If the Member has already appointed an Enduring Attorney, and wants the Attorney to be appointed as substitute trustee/director please provide a copy of the existing Enduring Power of Attorney. You do not need to complete the details below.

If the Member has already made an Enduring Attorney, and wants to cancel that appointment and appoint a different Enduring Attorney please provide a copy of the existing Power of Attorney and fully complete this form]

Full Name of Member Appointing Attorney

Address of Member Appointing Attorney

Full Name of Person Being Appointed Attorney

Address of Person Being Appointed Attorney

Place of Birth of Attorney

Date of Birth of Attorney                     \_\_\_/\_\_\_/\_\_\_

**Instructions for Contents of Enduring Power of Attorney** (please tick box as required)

1	Confirm Enduring Status of Power	The Power of Attorney will continue to be effective if the person appointing the Attorney lacks capacity through loss of mental capacity after its execution (if 'No' please contact us) <div style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></div>
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2	Confirm status of multiple attorneys	If more than one Attorney is appointed then they are appointed jointly and severally (if "No" please contact us) <div style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></div>
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**Trustee Details** (before appointment of attorney as trustee) **and Corporate Trustee Details** (where the trustee is a company)

- If the trustee is a company then complete this part only. If the trustee is an individual/group of individuals, complete "individual trustee details" below only.

Company name	<input style="width: 95%;" type="text"/>
ACN	<input style="width: 95%;" type="text"/>
Address or Registered Office	<input style="width: 95%;" type="text"/>

Details of all directors of trustee company (before appointment of attorney):

D1	Full Name: <input style="width: 98%;" type="text"/> Currently a member of the fund? Yes <input type="checkbox"/> No <input type="checkbox"/>
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D2	Full Name: <input style="width: 98%;" type="text"/> Currently a member of the fund? Yes <input type="checkbox"/> No <input type="checkbox"/>
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D3	Full Name: <input style="width: 98%;" type="text"/> Currently a member of the fund? Yes <input type="checkbox"/> No <input type="checkbox"/>
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D4	Full Name: <input style="width: 98%;" type="text"/> Currently a member of the fund? Yes <input type="checkbox"/> No <input type="checkbox"/>
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**Individual Trustee Details** (where the trustees are individuals and not a company)

- If the trustee is/are individuals then complete this part only. If the trustee is company complete "corporate trustee details" above only

T1	Full Name	
	Address	
	Date of birth	Currently a member of the fund? Yes <input type="checkbox"/> No <input type="checkbox"/>

T2	Full Name	
	Address	
	Date of birth	Currently a member of the fund? Yes <input type="checkbox"/> No <input type="checkbox"/>

T3	Full Name	
	Address	
	Date of birth	Currently a member of the fund? Yes <input type="checkbox"/> No <input type="checkbox"/>

T4	Full Name	
	Address	
	Date of birth	Currently a member of the fund? Yes <input type="checkbox"/> No <input type="checkbox"/>

By completing this order form I understand that I am instructing **TOWNSENDS BUSINESS & CORPORATE LAWYERS** to prepare and provide the following documents in line with the details provided in this order form:

1. Letter of Advice

**And if the member has not already appointed an attorney:**

2. Enduring Power of Attorney

**And if the fund has a corporate trustee:**

3. Consent to Act as Director (Attorney)
4. Resignation as a Director (Member)
5. Resolution of Directors to appoint Attorney as a Director
6. ATO Form NAT 71089 – Trustee Declaration
7. ATO Form NAT 3036 – Change of Details of Superannuation Entities
8. ASIC Form 484 – Change to Company Details

**And if the fund has individual trustee(s)**

9. Written Resolution
10. Deed of Change of Trustee
11. ATO Form NAT 71089 – Trustee Declaration
12. ATO Form NAT 3036 – Change of Details of Superannuation Entities

**Delivery Options** – Please tick as desired

<input type="checkbox"/> Send docs by post	<input type="checkbox"/> Send docs by courier Additional charges apply	<input type="checkbox"/> Email docs in PDF Adobe format	<input type="checkbox"/> Send docs Express post Additional charges apply
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**Order Confirmation**

I, (print name)

Confirm that the persons/corporations named above have consented to act in the capacity shown.

**PAYMENT OPTIONS**

Payment payable to **TOWNSENDS BUSINESS & CORPORATE LAWYERS** Please note: Payment is required before the completed documents can be issued

Payment for the deed and/or other services will be as indicated below:

**Cheque**  
Cheque enclosed \$.....

**Credit Card**

Please charge \$.....for this purchase to the following credit card account

Visa / Master Card / Amex (please circle one)

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Expiry Date:   /

Cardholders' name:

Address

**Authorised Signatory\*** \_\_\_\_\_

Please Note: If payment is by credit card - signatory must be the cardholder.

**Please return to:**  
**TOWNSENDS BUSINESS & CORPORATE LAWYERS**  
Level 9, 65 York Street, Sydney NSW 2000  
Phone: (02) 829 66 222  
Fax: (02) 829 66 200 email  
Email: [info@townsendslaw.com.au](mailto:info@townsendslaw.com.au)